HIT-HIE & ARRA Update (July 20, 2009)

Two main areas to update this week: first, in Vermont, the HIT-HIE Stakeholders group met last Wednesday. A majority of the meeting was spent in conversation with Dr. David Cochran, VITL's new President/CEO. It was a "listening session" for folks to raise issues and concerns with Dr. Cochran and to get a sense of his perspective on the work ahead. It was a wide-ranging discussion, with a fair amount of time spent on issues and concerns related to privacy and security, as well as questions about VITL's role and its focus.

Dr. Cochran, who is a little over two weeks into his new job, has also been engaging in individual and small group meetings with a wide variety of stakeholders. One common thread he's found is the general sense that VITL perhaps could or should have done more, faster with the public investments that have been made in the organization to date, and he has already begun to identify the steps he'll need to put in place to address those concerns.

What's The Plan?

One area that's become very clear – not surprisingly – is the need for a comprehensive communication strategy about the scope, scale, and timeframe for the imminent HIT expansion in the state. Dr. Cochran and I will be working collaboratively on articulating a communication plan and starting to implement it, to bridge the gap between folks who are regular readers of these email updates and the broader community, to do our best to make sure everyone who should know about the various HIT and HIE developments does know.

Unfortunately, one of the challenges with communication is the current lack of concrete details. While there are significant new federal resources headed our way, they are not here yet, and we do not have clear direction from our federal partners on the time frame. That said, we hear the need – loud and clear – that people want to know "the plan of attack," as one person put it Wednesday, and what individual providers and institutions need to do by when. While it remains challenging to provide that information given the lack of available detail, we can certainly do more to communicate what we do know and what we anticipate coming down the pike.

It was suggested that a series of webinars, as well as written (distributed on paper as opposed to electronically) information would be helpful, which is another area VITL, state Health Care Reform staff, and other interested stakeholders will collaborate on together over the coming weeks and months.

Beyond a communication plan, we (VITL and state staff) have begun an update of the State HIT Plan, which will also provide a framework and vision for advancing HIT expansion. Because of the opportunities we see for leveraging our HIT-HIE initiatives with broader health care reform initiatives, rather than just updating the HIT Plan, we will actually be drafting a *Vermont Health Information Technology and Health Care Reform Implementation Plan*, which we expect will serve the dual purpose of explicitly linking the components of HIT-HIE and health care reform (such as expansion of the Blueprint for Health) and form the basis of and provide background detail for what we anticipate will be a series of grant and other funding proposals. We expect to have a draft of that document to share with the public in advance of the September Stakeholders work group.

Meaningful Use 2.0

The ONC (Office of the National Coordinator, pronounced"onk") HIT Policy Committee met last Thursday in Washington to review and ultimately to adopt a revised set of criteria for the definition of Meaningful Use. As a reminder, the process steps here are that the HIT Policy Committee makes its recommendations to ONC which will in turn make recommendations to CMS that will

result in a proposed rule to be published by December 2009. On a separate but closely related track, the HIT Standards Committee (which meets next week) will make recommendations to ONC on the criteria and standards for "certified EHRs" to be defined in a proposed rule in the same Dec. '09 time frame. If that isn't confusing enough, the HIT Policy Committee's Certification/Adoption Workgroup made recommendations on the *process* for certification Thursday as well, which I'll explain below.

There were a lot of detailed handouts Thursday it's worth reviewing if you want to get into the nitty-gritty. This long URL leads to the ONC Health Policy Committee page: http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=4&mode=2&in_hi_userid=10741&cached=true. You can scroll down to the 7/16 meeting and view all of the handouts from the meeting. If the URL doesn't work for you, go to the ONC home page (http://healthit.hhs.gov/portal/server.pt) and click on HIT Policy Committee in the "Quick Clicks" box on the top right of the page and then scroll down to the July 16 meeting.

Here are the highlights:

- ONC received 792 comments during the ten day comment period. While there was a lot of push back in both directions in terms of the time line, the feedback was generally favorable, with commenters aligned with the recommendations' focus on improved quality and outcomes (as opposed to technology for its own sake).
- There was much discussion of the need for special criteria for specialists, and agreement that the criteria should reflect that. The work group suggests that rather than develop a "500 criteria" model that will meet the needs of all sub-specialties, that the criteria should build on a "critical few" model, as indicated in the next bullet.
- The Meaningful Use work group's recommendations focus on a "parsimonious" set of key objectives and exemplar measures meant to demonstrate that an EHR has the capabilities for effective use.
- In response to concerns about the aggressive time frame, Committee members noted that while 2011 is only 18 months away, a 2012 start-date (42 months away) still qualifies providers for full incentive potential (assuming CMS sets measurement period rules to reflect what the Committee takes to be legislative intent).
- Related to that, the Work Group recommended use of an "adoption year" timeframe, meaning that the "2011 measures" apply to a provider in their first adoption year (even if that is 2012). This would prevent too steep a climb to the latter years' meaningful use standards.
- Work Group co-chair Dr. Paul Tang repeatedly reminded the group to note the difference between the meaningful use objectives and the measures. As an example, the Work Group made its recommendation for the measure on CPOE (Computerized physician order entry) to establish a threshold of 10% of orders, which could mean either 10% of all physician orders or a class of orders that total 10% of the potential CPOE universe, to allow for workflow redesign and other non-technology implementation considerations. Dr. Tang also pointed out that it is CMS that will be defining the measures in its rules, that the work group is providing suggestive (as opposed to definitive) measures.
- Similarly, the Work Group recommended clinical decision support should start with implementation of one clinical decision rule relevant to high clinical priority. They did not intend providers should be able to implement a full range of clinical decision support to meet that meaningful use criteria.
- In response to feedback from consumer groups, the Work Group recommended accelerating the real-time access to patient information from 2015 to 2013 for the Patient and Family Engagement criteria.
- They acknowledged the challenge in measures related to care coordination, noting that NQF is developing measures on same. (This is an area where we should be able to shine in VT, thanks to the capacities being built into DocSite to support the NCQA medical home standards and community care teams.)

- Acknowledging that state-level HIE development is varied across the country, the Work Group suggested requiring the capability and exchange where possible by 2011 and requiring participation in national HIE by 2015. (Again, an area where VT should be able to fully support and enable practices to meet these measures.)
- The privacy and security goals and measures prompted much feedback, partially based on less than clear wording in the original document. The Work Group clarified its intent, which was *not* to consider providers guilty until proven innocent of a breach, but rather, to disallow participation in the incentives if HIPAA violations go unresolved. They offered revised wording to address that and concerns about alignment of enforcement of federal and state privacy laws.

After hearing from the Work Group and a fairly lengthy discussion period, the HIT Policy Committee agreed by consensus to adopt the recommendations, so the new Meaningful Use criteria grid (attached) will now be formally incorporated into rules being developed by ONC and CMS. There will be additional public comment opportunity, but not until the formal rule making process commences.

In addition to Meaningful Use, there were other important discussions and suggestions of future policy discussed last Thursday:

Certification/Adoption Work Group Recommendations
One of the biggest questions – and areas of intense speculation – has been how ONC would approach the certification of EHR systems in "the new era." The Work Group presented the first concrete, public clues, and while the HIT Policy Committee did not take action on the detailed recommendations, wanting more time for consideration, they did approve five "high level" recommendations. The Work Group is making significant recommendations for change. If you are interested in understanding their thought process, it is worth reading through the fairly detailed set of slides posted at the link noted above that provides background on the questions they considered and "initial learnings."

While at great pains not to criticize CCHIT (the existing Certification Commission for HIT), the Work Group noted that CCHIT was created in a different era in a different context. They noted the confusion about CCHIT's purpose, issues about its process, and its historically close alignment with the vendor community. Their approach focused on the need for a new process that goes beyond and complements CCHIT.

The five "high level" recommendations are for the Certification process to:
1. Focus Certification on Meaningful Use.
2. Leverage the Certification process to improve progress on Security, Privacy, and Interoperability. (The Work Group made repeated, strong emphasis on the need to enhance interoperability standards as a critical component of Certification, echoing a need identified by our experience here in VT.)
3. Improve the objectivity and transparency of the Certification process.
4. Expand Certification to include a range of software sources and platforms: open-source, self-developed, and multi-platform solutions. (This is tremendously important, and a truly significant development, as it supports the concept of "certification of HIT as a whole" v. a single EHR, recognizing solutions like we've developed here in VT to support EHR systems with DocSite and the potential to support the patient engagement Meaningful Use criteria through PHR or Personal Health Record systems and other consumer-directed HIT applications.)
5. Develop a Short-term Transition plan (to provide a bridge from the CCHIT-centric process to a more open structure and process).

There are detailed slides for each of those recommendations, as well as a lot of other information, at the link above.

On Tuesday of this week the HIT Standards Committee meets to consider the implications of the Meaningful Use criteria adoption and review an initial set of recommendations for Standards and Certification. The HIT Policy Committee will meet again August 14.

Health Information Exchange Work Group
Although pressed for time because of the lengthy Meaningful Use discussion, the Work Group co-chairs (Deven McGraw and Micky Tripathi) gave an impressively speedy presentation on HIE and Meaningful Use and the Current Landscape of HIE and then made Recommendations Regarding HIE. There was a huge amount of content for the full Committee to absorb, and given the time frame, they were unable to do so and will take it up again at the August meeting. That said, there seemed to be generally favorable support for the HIE Work Group recommendations, which meshed nicely with the Meaningful Use and Certification discussions, focusing on making exchange (the verb) a critical component of Meaningful Use and coordination with state exchanges (the noun) and certification of networks to support exchange broadly, ultimately tied to the NHIN (National Health Information Network). Unfortunately, the slides for this Work Group are not yet posted, but ONC assures me the slides will be on their web site shortly.

Next Meetings
The HIT & Payment Reform Work Group meets this Wednesday, July 22, from 10:30 to 12:00 Noon.
The HIT & Higher Ed Work Group meets on Wednesday, August 12, from 1:30 to 3:00 p.m. (followed by…)
The HIT-HIE Stakeholders Group meets on Wednesday, August 12, from 3:00 p.m. to 4:30 p.m.

Location and call in details for all of these meetings are at:
http://hcr.vermont.gov/legislation/HCR2009

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